

OFFICE OF CAREER AND TECHNICAL EDUCATION-SB168  
 REIMBURSEMENT CLAIM FORM - DUE ON 10th OF THE MONTH

GRANTEE NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

REPORTING PERIOD \_\_\_\_\_  
 FISCAL YEAR \_\_\_\_\_  
 BUDGET NUMBER \_\_\_\_\_

	(A)	(B)	(C)	(D)	(E)
	APPROVED BUDGET	PREVIOUSLY CLAIMED EXPENDITURES	CURRENTLY CLAIMED EXPENDITURES	TOTAL CLAIMED EXPENDITURES	BUDGET BALANCE
[1] SALARIES/BENEFITS					
SUPPLEMENTAL/ [2] CONTRACTUAL					
[3] TRAVEL					
INSTRUCTIONAL [4] MATERIAL					
[5] EQUIPMENT					
[6] SUB-TOTAL					
GRAND [7] TOTAL					

[8] FUNDS RECEIVED OR REQUESTED PRIOR TO  
 THIS REPORT [FROM LINE 11 PREVIOUS CLAIM] \$ \_\_\_\_\_

[9] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ \_\_\_\_\_

[10] FUNDS REQUESTED THIS PERIOD  
 (LINE 8 MINUS LINE 9) \$ \_\_\_\_\_

[11] TOTAL FUNDS REQUESTED OR RECEIVED THRU  
 THIS REPORT PERIOD [LINE 8 PLUS LINE 10] \$ \_\_\_\_\_

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM IS IN ALL THINGS TRUE AND CORRECT AND THAT COSTS WERE INCURRED DURING THE FISCAL YEAR (JULY 1 THOUGH JUNE 30). I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE CIVIL RIGHTS ACT OF 1964 AND REGULATIONS ISSUED THEREUNDER REGARDING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS.

\_\_\_\_\_  
 SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 DATE